



The Florida House of Representatives

Office of the Speaker

Dean Cannon
Speaker

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Florida House Passes Comprehensive Legislation to Fight Prescription Drug Abuse

Tallahassee, Fla. – CS/CS/HB 7095 today passed the Florida House of Representatives. This legislation represents a comprehensive strategy to curtail prescription drug abuse in the State of Florida.

“I commend Chairman Schenck for his diligent work to pass this critical legislation with bipartisan support today,” said House Speaker Dean Cannon (R-Winter Park). “Floridians elected us to find solutions to the challenges that face our state. With the dedication and support of House members, Governor Rick Scott and Attorney General Pam Bondi we have adopted a comprehensive, broad-based approach to fighting the prescription drug abuse epidemic.”

“Prescription drug abuse has become a public health crisis and a scourge on our society,” said Representative Robert Schenck (R-Spring Hill), chair of the House Health & Human Services Committee and sponsor of CS/CS/HB 7095. “Prescription drug abuse knows no socioeconomic boundaries and has affected countless Florida families, I have no doubt that this comprehensive legislation will end the cycle of abuse and ensure that proper measures are taken so that dangerous controlled substances do not end up on Florida’s streets.”

“I am confident that with the implementation of these measures, doctor dealers and drug seekers alike will know that, when it comes to the pill mill industry, Florida is now closed for business,” concluded Representative Schenck.

House Bill 7095

Sets Strict Registration and Reporting Requirements for Practitioners Who Prescribe Controlled Substances to Treat Chronic Pain

- Requires registration for practitioners prescribing controlled substances to treat chronic, non-cancer pain.
- Requires tamper proof prescription pads purchased from an approved vendor.
- Limits the supply of approved prescription pads and require vendors to report practitioner purchases of prescription pads.
- Enacts standards of care for all physicians prescribing controlled substances for treatment of chronic non-cancer pain.
- Requires initial risk assessment and ongoing monitoring.
- Provides for exceptions for credentialed interventional pain physicians.

Bans Physician Dispensing of Schedules II and III

- Bans physician dispensing of controlled substances in Schedules II and III.
- Provides criminal penalties and grounds for disciplinary action against a physician or osteopathic physician.
- The ban does not prohibit direct administration of medications.
- Provides an exception for drugs dispensed within a week after surgery.

Includes Reporting and Credentialing Requirements and Distribution Limits for Distributors of Controlled Substances

- Buys back controlled substances within the authorized period from practitioners no longer permitted to dispense.
- Reports distributions of controlled substances listed in Schedules II, III, IV, and V in Florida.
- Requires specific information be included in the reports.
- Credentials physicians and pharmacies that purchase Schedule II or Schedule III controlled substances.
- Requires credentialing policies must be submitted to DOH as part of an application for a permit or to renew a permit for a prescription drug wholesale distributor.
- Credentialing must include:
 - Determination of the clinical nature of the entity;
 - Review of the receiving entity's history of purchasing Schedule II and Schedule III controlled substances;
 - Determination that purchasing history, if any, is consistent with and reasonable for that entity's clinical business needs; and
 - Level Two background screening of any person who owns, manages, oversees or controls the operation of the purchasing entity, including officers and members of the board of directors of an entity that is a corporation (with exceptions for large corporations).
- Prohibition against distributing more than 5,000 unit doses of specific drugs (oxycodone, hydromorphone, hydrocodone, methadone, any benzodiazepine, or their derivatives) to a retail pharmacy (a pharmacy serving the general public) in any given month.
- Requires distributors to investigate suspicious transactions, including those involving more than 5,000 unit doses of controlled substances in any given month.
- Establishes grounds for disciplinary action including loss of distributing permit for failure to exercise due diligence.

Requires Reporting and Dispensing Requirements for Pharmacies

- Strengthens pharmacy permitting process:
 - Mandatory on-site inspections
 - Disclosure of financial interests
 - Increased compliance requirements, for which designated pharmacy manager is responsible.
 - Specific grounds for denial of permits including criminal history, prior non-compliance with specific regulations.
- Establishes community pharmacies may not dispense a controlled substance listed in Schedule II or Schedule III unless the pharmacy obtains a permit under the new, more stringent, standards.
- Requires pharmacies dispensing controlled substances to maintain a log of all prescriptions filled.
- Requires pharmacies to make the controlled substances log available to the Department of Health (DOH) or the Florida Department of Law Enforcement (FDLE) upon request.

Increases the Department of Health's Monitoring Responsibility; Requires DOH to

- Actively monitor purchasing from wholesalers to identify patterns that are inconsistent with the purchasing entity's clinical needs.
- Actively monitor practitioner purchases of approved prescription pads.
- Report suspicious purchases to FDLE for coordination with local law enforcement.
- Declare a public health emergency regarding controlled substance prescription drugs in order to authorize specific actions for high risk practitioners immediately after the bill becomes law.

Outlines Coordination and Monitoring Expectations and Increases Investigative Authority of Law Enforcement; prescribes law enforcement

- Must investigate purchases that are inconsistent with the entity's clinical needs.
- Coordinate with the Attorney General and federal law enforcement agencies to accomplish the provisions of the act.
- Must quarantine Schedule II and Schedule III controlled substances possessed by high-risk practitioners and provide security as necessary to protect the public health immediately after the bill becomes law.
- Possess the authority to inspect records of prescribers and dispensers of controlled substances.
- Monitor and reporting of investigations and prosecutions to determine the most effective interventions.

Specifies Criminal Penalties Related to Unlawful Dispensing, Theft of And Failure to Report the Loss of Controlled Substances

- 3rd degree felony for practitioner dispensing of Schedules II and III.
- 1st degree misdemeanor for pharmacy employee's failure to report attempt to fraudulently obtain controlled substances.
- 2nd degree felony for burglary with intent to obtain controlled substances.
- 3rd degree felony for theft of controlled substances.
- 2nd degree misdemeanor for failure to report loss of Schedules III, IV, or V controlled substances.
- 1st degree misdemeanor for failure to report Schedule II controlled substance.
- 3rd degree felony for knowingly submitting a false drug distribution report.
- 3rd degree felony for distributing controlled substances improperly.

Maintains Registration and Regulation of Pain Clinics

- Maintains requirement for registration of pain clinics
- Enacts specific provisions of the Board of Medicine's proposed clinic rules into law, with some exceptions.
- Sunsets the pain clinic regulations in 2016.

Modifies Implementation of the Prescription Drug Monitoring Program

- Prohibits donations of pharmaceutical manufacturers from being used to support the monitoring program.
- Modifies data submission requirement to seven days (from 15 days).
- Revises direct support organization provisions to establish DOH as responsible agency in place of the Office of Drug Control

Sets Specific Appropriation to Aid Law Enforcement Activities

- An appropriation of \$3 million in non-recurring funds is provided to defray the cost to FDLE and local law enforcement agencies of securing Schedule II and Schedule III controlled substance inventories during the quarantine period, investigative activities, and prosecution of crimes related to prescribed controlled substances.

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